

<p>Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Dana Faith Travis SBN: 245316 Donna Poulsen Travis SBN: 92357 THE TRAVIS LAW FIRM 4294 ORANGE STREET RIVERSIDE, CA 92501 951-274-9501 FAX: 951-778-9621</p> <p><input type="radio"/> Individual appearing without attorney <input checked="" type="radio"/> Attorney for: Debtors</p>	<p>FOR COURT USE ONLY</p>			
<p style="text-align: center;">UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - RIVERSIDE DIVISION</p>				
<p>In re: CHARLES WOOD JUANITA WOOD</p> <p style="text-align: right;">Debtor(s).</p>	<table border="1"><tr><td data-bbox="805 877 1500 976"><p>CASE NO.: 6:18-bk-14397-SY CHAPTER 13</p></td></tr><tr><td data-bbox="805 976 1500 1222"><p style="text-align: center;">DEBTOR'S MOTION FOR AUTHORITY TO SELL REAL PROPERTY UNDER LBR 3015-1(p)</p></td></tr><tr><td data-bbox="805 1222 1500 1331"><p style="text-align: center;">[No Hearing Required]</p></td></tr></table>	<p>CASE NO.: 6:18-bk-14397-SY CHAPTER 13</p>	<p style="text-align: center;">DEBTOR'S MOTION FOR AUTHORITY TO SELL REAL PROPERTY UNDER LBR 3015-1(p)</p>	<p style="text-align: center;">[No Hearing Required]</p>
<p>CASE NO.: 6:18-bk-14397-SY CHAPTER 13</p>				
<p style="text-align: center;">DEBTOR'S MOTION FOR AUTHORITY TO SELL REAL PROPERTY UNDER LBR 3015-1(p)</p>				
<p style="text-align: center;">[No Hearing Required]</p>				

Debtor moves this court for an order authorizing the Debtor to sell the real property, described below, pursuant to the terms and conditions described herein.

1. Debtor's Chapter 13 Plan (Plan) was confirmed on: 5/24/2018.
2. Debtor wishes to sell the real property (Property) located at:
444 Myrtlewood Drive
Calimesa, CA 92320

The Property is more particularly described in Exhibit "A" attached hereto.

- ☐ Debtor wishes to modify the Plan for early payment of the Plan as described in the *Motion to Modify Plan* submitted by Debtor concurrently with this Motion.

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

3. The sale price of the Property is \$ 390,000.00. The following are all of the encumbrances of record against the Property:

- a. RUSHMORE LOAN MANAGEMENT servicer for US Bank \$219,523.03
- b. _____
- c. _____
- d. _____
- e. _____

(Add additional page if necessary)

4. After payment of the foregoing encumbrances and all costs of sale:
☒ there will remain the approximate sum of \$ 140,575.92; OR
☐ no proceeds will remain.

5. ☒ (a) The chapter 13 trustee is hereby authorized to make demand upon escrow for sufficient funds to pay off the Plan with a:
☒ 100% dividend to unsecured creditors; OR
☐ _____% divided as indicated in the confirmed plan.

After escrow's payment of the encumbrances listed above, any remaining funds shall be paid directly to debtor.

OR

☐ (b) The chapter 13 trustee is hereby authorized to make demand upon escrow for the balance remaining after escrow's payment of the encumbrances listed above even though the amount is insufficient to pay off the Plan. The sale is for the fair market value of the Property.

6. The escrow is being processed by:

Escrow company name: Lawyers Title
Address: 625 E. Carnegie Drive #105
San Bernardino, CA 92408

Telephone: 909-963-5572
Facsimile: E-FAX 866-643-4249
Escrow officer: TAMMI SELTER
Escrow number: SBL25174

7. Supporting documents attached to this Motion are:

- a. Exhibit A – Legal description with street address
- b. Exhibit B – Escrow instructions and documents
- c. Exhibit C – Estimated closing statement
- d. Exhibit D – Schedules I and J of the bankruptcy petition

9. Debtor agrees to provide to chapter 13 trustee a certified copy of the escrow closing statement within 14 days of the close of escrow as a condition to any approval of this motion.

Date: 10/31/22

Danofa H. Tremin

Attorney for Debtor

I declare under penalty of perjury that the following is true and correct.

Date: 10/31/22

Deceased - Charles E Wood

Debtor

Date: 10/31/22

Juanita G Wood
Joint Debtor

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052021292893

CERTIFICATE OF DEATH

3202133019323

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WYECUTS OR ALTERATIONS VS-11 (REV 2/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) CHARLES		2. MIDDLE E.		3. LAST (Family) WOOD	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 01/04/1940		5. AGE Yrs. 81 Months Days Hours Minutes	
6. BIRTH STATE/FOREIGN COUNTRY IA		10. SOCIAL SECURITY NUMBER 1163		11. EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDP (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 11/09/2021		8. HOUR :24 Hour 2133	
13. EDUCATION - Highest Level Degree ASSOCIATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED POLICE DETECTIVE		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COUNTY GOVERNMENT		19. YEARS IN OCCUPATION 20	
20. DECEDENT'S RESIDENCE (Street and number, or location) 444 MYRTLEWOOD DRIVE		21. CITY CALIMESA		22. COUNTY/PROVINCE RIVERSIDE	
23. ZIP CODE 92320		24. YEARS IN COUNTY 13		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP JUANITA GENEVIEVE WOOD, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 444 MYRTLEWOOD DRIVE, CALIMESA, CA 92320			
28. NAME OF SURVIVING SPOUSE/SID - FIRST JUANITA		29. MIDDLE GENEVIEVE		30. LAST (BIRTH NAME) HOWARD	
31. NAME OF FATHER/PARENT - FIRST ARLEY		32. MIDDLE WESLEY		33. LAST WOOD	
34. NAME OF MOTHER/PARENT - FIRST EVELYN		35. MIDDLE DORSET		36. LAST (BIRTH NAME) SMITH	
37. DATE OF DEATH mm/dd/yyyy 12/01/2021		38. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518		39. LICENSE NUMBER	
40. TYPE OF DISPOSITION(S) CREMATE/BURIAL		41. SIGNATURE OF EMBALMER NOT EMBALMED		42. DATE mm/dd/yyyy 11/30/2021	
43. NAME OF FUNERAL ESTABLISHMENT WEAVER - HUGHES MORTUARY		44. LICENSE NUMBER FD1842		45. SIGNATURE OF LOCAL REGISTRAR GEOFFREY LEUNG, M.D., ED. M.D.	
46. PLACE OF DEATH RESIDENCE-HOSPICE		47. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> OCA		48. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	
49. COUNTY RIVERSIDE		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 444 MYRTLEWOOD DRIVE		51. CITY CALIMESA	
52. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH EXACERBATION		53. TIME INTERVAL BETWEEN ONSET AND DEATH MOS		54. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST NONE		56. 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		57. 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		59. 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ON 107 NONE		60. 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO	
61. 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy 03/02/2021 11/09/2021		62. 115. SIGNATURE AND TITLE OF CERTIFIER SIVAKAMI KUMARASAMY SIVAPALAN, MD		63. 116. LICENSE NUMBER A64125	
64. 117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SIVAKAMI K SIVAPALAN, MD 1461 E. COOLEY DRIVE STE. 200, COLTON, CA 92324		65. 118. INJURY DATE mm/dd/yyyy 11/09/2021		66. 119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
67. 120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		68. 121. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		69. 122. LOCATION OF INJURY (Street and number, or location, and city, and state)	
70. 123. SIGNATURE OF CORONER / DEPUTY CORONER		71. 124. DATE mm/dd/yyyy		72. 125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
73. STATE REGISTRAR		74. FAX AUTH.#		75. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } SS
COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED **Dec 20, 2021**

This copy is not valid unless prepared on an engraved border, displaying the date, seal, and signature of the Registrar.

Dr. Geoffrey Leung, M.D., Ed.M., County Health Officer
RIVERSIDE COUNTY, CALIFORNIA

* 002023557 *

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is:
4294 ORANGE STREET RIVERSIDE, CA 92501

A true and correct copy of the foregoing document entitled: **DEBTOR'S MOTION FOR AUTHORITY TO SELL REAL PROPERTY UNDER LBR 3015-1 (p)** will be served or was served (a) on the judge in chambers in the form and manner required by LBR 5005-2(d); and (b) in the manner stated below:

1. **TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF):** Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (date) 10/31/22, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:
US TRUSTEE ustregion16.rs.ecf@usdoj.gov
CHAPTER 13 TRUSTEE notice-file@rodan13.com
DEBTORS ATTORNEY thetravislawfirm@aol.com

☐ Service information continued on attached page

2. **SERVED BY UNITED STATES MAIL:**

On (date) 10/31/22, I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.
CHAPTER 13 TRUSTEE Rod Danielson 3787 University Ave. Riverside, CA 92501

☒ Service information continued on attached page

3. **SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL (state method for each person or entity served):** Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (date) 10/31/22, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

Hon. Scott Yun, US Bankruptcy Judge 3420 12th St. Ctrm 302 Riverside, CA 92501

☐ Service information continued on attached page

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

10/31/22 DANA FAITH TRAVIS
Date Printed Name

Dana Faith Travis
Signature

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

Label Matrix for local noticing
0973-6
Case 6:18-bk-14397-SY
Central District of California
Riverside
Tue Oct 25 08:33:58 PDT 2022

Village Capital & Investment, LLC
ZBS Law, LLP
30 Corporate Park, Suite 450
Irvine, CA 92606-3401

Employment Development Dept.
Bankruptcy Group MIC 92E
P.O. Box 826880
Sacramento, CA 94280-0001

Village Capital & Investment, LLC
Zieve, Brodnax & Steele, LLP
30 Corporate Park, Suite 450
Irvine, CA 92606-3401

Franchise Tax Board
Bankruptcy Section MS: A-340
P.O. Box 2952
Sacramento, CA 95812-2952

~~Riverside Division
3420 Twelfth Street,
Riverside, CA 92501-3819~~

Ace Cash Express
6302 Van Buren Blvd
Riverside, CA 92503-2051

Axxess Financial
7755 Montgomery Rd
Suite 400
Cincinnati, OH 45236-4197

Cash Central
Attn: Bankruptcy
84 East 2400 North
North Logan, UT 84341-2902

Credit One Bank
Attn: Bankruptcy
Po Box 98873
Las Vegas, NV 89193-8873

(p)EASYPAY FINANCE
PO BOX 2549
CARLSBAD CA 92018-2549

(p)FIRST NATIONAL BANK
ATTN BANKRUPTCY
1500 S HIGHLINE AVE
SIOUX FALLS SD 57110-1003

First Premier Bank
Po Box 5524
Sioux Falls, SD 57117-5524

LA Cash Advance
955 E St
San Bernardino, CA 92401

LVNV Funding, LLC its successors and assigns
assignee of Capital One Bank (USA), N.A.
Resurgent Capital Services
PO Box 10587
Greenville, SC 29603-0587

LVNV Funding, LLC its successors and assigns
assignee of MEC Receivables, LLC and
FNEM, LLC
Resurgent Capital Services
PO Box 10587
Greenville, SC 29603-0587

LVNV Funding/Resurgent Capital
Po Box 10497
Greenville, SC 29603-0497

LVNV Funding/Resurgent Capital
c/o Nelson & Kennard
2180 Harvard St Ste 160
Sacramento, CA 95815-3314

MERRICK BANK
Resurgent Capital Services
PO Box 10368
Greenville, SC 29603-0368

Merrick Bank/CardWorks
Attn: Bankruptcy
Po Box 9201
Old Bethpage, NY 11804-9001

NAVIENT CFC
C/O Navient Solutions, LLC.
PO BOX 9640
Wilkes-Barre, PA 18773-9640

National Credit Adjusters, LLC
327 W 4th Ave.
Po Box 3023
Hutchinson, KS 67504-3023

Navient
Attn: Bankruptcy
Po Box 9500
Wilkes-Barre, PA 18773-9500

OneMain
PO Box 3251
Evansville, IN 47731-3251

OneMain Financial
Attn: Bankruptcy
601 Nw 2nd Street
Evansville, IN 47708-1013

Premier Bankcard, LLC
Jefferson Capital Systems LLC Assignee
Po Box 7999
Saint Cloud Mn 56302-7999

Quantum3 Group LLC as agent for
ACE Cash Express INC
PO Box 788
Kirkland, WA 98083-0788

Rushmore Loan Management Services
PO Box 55004
Irvine, CA 92619-5004

Speedy Cash
270 E Baseline
San Bernardino, CA 92410-3731

Speedy/Rapid Cash
P.O. Box 780408
Wichita, KS 67278-0408

Synchrony Bank/Walmart
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896-5060

United States Trustee (RS)
3801 University Avenue, Suite 720
Riverside, CA 92501-3255

Village Capital & Investment, LLC
1 Corporate Drive, Suite 360
Lake Zurich IL 60047-8945

Village Capital/dovnem
1 Corporate Dr Ste 360
Lake Zurich, IL 60047-8945

eCAST Settlement Corporation
PO Box 29262
New York NY 10087-9262

Charles Edgar Wood
444 Myrtlewood Dr.
Calimesa, CA 92320-1503

~~Dana Travis
The Travis Law Firm
4294 Orange St.
Riverside, CA 92501-3827~~

~~Juanita Genevieve Wood
444 Myrtlewood Dr.
Calimesa, CA 92320-1503~~

~~Rod Danielson (TR)
3787 University Avenue
Riverside, CA 92501-3332~~

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

Duvera Collections
Attention: Bankruptcy Department
Po Box 2549
Carlsbad, CA 92018

First National Credit Card/Legacy
First National Credit Card
Po Box 5097
Sioux Falls, SD 57117

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)Courtesy NEF

(u)RUSHMORE LOAN MANAGEMENT SERVICES LLC

(u)U.S. Bank National Association not in its

End of Label Matrix
Mailable recipients 38
Bypassed recipients 3
Total 41

EXHIBIT A



Title Officer: Nikki Dekterov ☒

Title #

444 Myrtlewood Drive, Calimesa, California 9

LEGAL DESCRIPTION

Trouble viewing the embedded document? [Download HERE](#)

File No:

EXHIBIT "A"



Legal Description

THE LAND REFERRED TO HEREIN IS SITUATED IN THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, AND IS DESCRIBED AS FOLLOWS:

LOT 10 OF GARDEN AIR ESTATES, IN THE CITY OF CALIMESA, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, AS SHOWN BY MAP ON FILE IN BOOK 32, PAGE 27 OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER SAID COUNTY, STATE OF CALIFORNIA.

ASSESSOR'S PARCEL NUMBER: 411-251-010

EXHIBIT B

 Lawyers Title	Lawyers Title Company	
	625 E. Carnegie Drive, Suite 105 San Bernardino CA 92408	
	Phone: (909) 963-5588	
	Fax: (909) 963-5589	
	Escrow Officer: Tammi Seller	
	Escrow Officer Email: TSeller@ltic.com	

Seller's Settlement Statement - Estimated

Property: 444 Myrtlewood Drive, Calimesa, CA 92320

Closed Date:

Est. Closing Date: 11/8/2022

Escrow Number:

Seller: Juanita G. Wood

	<u>Debits</u>	<u>Credits</u>
Purchase Price		
Purchase Price		\$390,000.00
Payoff 1 (Total Payoff: \$221,556.78)		
Principal to Rushmore Loan Management Services LLC	\$219,525.03	
Interest from 10/1/2022 thru 11/10/2022 @ \$18.2938/day	\$731.75	
Recon/Recording Fee	\$225.00	
Recoverable Advance	\$1,075.00	
Sales Commission		
Listing Commission to Coldwell Banker Kivett Teeters	\$13,650.00	
Selling Commission to Coldwell Banker Kivett Teeters	\$9,750.00	
Prorations / Credits		
County Taxes (Paid) \$1,297.28/6 mos 11/8/2022 to 1/1/2023		\$381.98
Escrow Charges		
FTB Processing Fee to Lawyers Title Co	\$45.00	
Escrow Fees		
Escrow Fees to Lawyers Title Co	\$1,130.00	
Title Charges		
Owner's Coverage (\$390,000) to Lawyers Title Company	\$1,419.00	
Recording Fees / Transfer Taxes		
County Transfer Taxes	\$429.00	
Recording Affidavit	\$105.00	
Additional Settlement Fees		
Water Stock Transfer to South Mesa Water Company	\$125.00	
Property Disclosure Reports to Property I.D.	\$99.00	
Property Tax - First Half 2022-2023 to Riverside County Tax Collector	\$1,297.28	
Additional Services		
Seller Funds Held for Final Accounting	\$200.00	
Proceeds to Seller	\$140,575.92	
Totals:	\$390,381.98	\$390,381.98

This is an estimated closing statement and is subject to changes, corrections or additions at the time of final closing.

Signed on this _____ day of _____.

Juanita G. Wood



Title Officer: Nikki Dekterov ☑

Title #:

444 Myrtlewood Drive, Calimesa, California 9

VESTING

Trouble viewing the embedded document? Download HERE

RECORDING REQUESTED BY:
LAWYERS TITLE

RECORDING REQUESTED BY
Lawyers Title - JE
AND WHEN RECORDED MAIL TO:
Juanita G. Wood
444 Myrtlewood Drive
Calimesa, California 92320

APN: 411-251-010
Escrow No:
Title No: 622693927

DOC # 2022-0376353
08/30/2022 10:59 AM Fees: \$105.00
Page 1 of 3
Recorded in Official Records
County of Riverside
Peter Aldana
Assessor-County Clerk-Recorder

"This document was electronically submitted
to the County of Riverside for recording"
Received by BONNIE #821

Space above this line for Recorder's use

AFFIDAVIT OF DEATH

Community Property with Right of Survivorship

STATE OF CALIFORNIA } ss:
COUNTY OF SAN BERNARDINO

Juanita G. Wood, of legal age, being first duly sworn, deposes and says:

1. Charles E. Wood is the decedent mentioned in the attached certified copy of Certificate of Death, who died on November 09, 2021, at 444 Myrtlewood Drive, Calimesa, California 92320.
2. Declarant is the surviving spouse of Decedent and was married to Decedent on the date of death.
3. Declarant and Decedent are the same persons who are named as grantees in that certain deed dated September 16, 2010, executed by James A. Hands, III and Grisel Hands in favor of the grantees as community property with right of survivorship, recorded on October 25, 2010, as Instrument No. 2010-0509972, Official Records of Riverside County, California, describing the following real property:

For legal description of the real property, see Exhibit A attached hereto and made a part hereof.

Commonly known as: 444 Myrtlewood Drive, Calimesa, California 92320

Dated: 8-29-22Juanita G. Wood
Juanita G. Wood

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA } ss:
COUNTY OF San Bernardino

Subscribed and sworn to (or affirmed) before Page 1 / 3
2022 by Juanita G. Wood

EXHIBIT C

Fill in this information to identify your case:

Debtor 1 Charles Edgar Wood

Debtor 2 Juanita Genevieve Wood

(Spouse, if filing)

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number
(If known)

Check if this is:

☐ An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

☐ Employed

☒ Not employed

retired

Debtor 2 or non-filing spouse

☐ Employed

☒ Not employed

retired

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 0.00	\$ 0.00
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	\$ 0.00	\$ 0.00

Debtor 1 **Charles Edgar Wood**
Debtor 2 **Juanita Genevieve Wood**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 0.00	\$ 0.00	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 0.00	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: _____	5h. \$ 0.00	\$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 0.00	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 676.00	\$ 469.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 4,794.00	\$ 3,206.00	
8h. Other monthly income. Specify: _____	8h. \$ 0.00	\$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 5,470.00	\$ 3,675.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 5,470.00	+ \$ 3,675.00	= \$ 9,145.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			11. +\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			12. \$ 9,145.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____			

Debtor 1 **Charles Edgar Wood**
Debtor 2 **Juanita Genevieve Wood**

Case number (if known) _____

6. Utilities:								
6a. Electricity, heat, natural gas	6a. \$	250.00						
6b. Water, sewer, garbage collection	6b. \$	125.00						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	385.00						
6d. Other. Specify: <u>lawn, pool, terminix</u>	6d. \$	225.00						
7. Food and housekeeping supplies	7. \$	710.00						
8. Childcare and children's education costs	8. \$	0.00						
9. Clothing, laundry, and dry cleaning	9. \$	142.00						
10. Personal care products and services	10. \$	69.00						
11. Medical and dental expenses	11. \$	100.00						
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	300.00						
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	75.00						
14. Charitable contributions and religious donations	14. \$	150.00						
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	175.00						
15b. Health insurance	15b. \$	100.00						
15c. Vehicle insurance	15c. \$	86.00						
15d. Other insurance. Specify: _____	15d. \$	0.00						
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____								
16. \$		0.00						
17. Installment or lease payments:								
17a. Car payments for Vehicle 1	17a. \$	294.00						
17b. Car payments for Vehicle 2	17b. \$	0.00						
17c. Other. Specify: _____	17c. \$	0.00						
17d. Other. Specify: _____	17d. \$	0.00						
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).								
18. \$		0.00						
19. Other payments you make to support others who do not live with you.								
19. \$		0.00						
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.								
20a. Mortgages on other property	20a. \$	0.00						
20b. Real estate taxes	20b. \$	0.00						
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00						
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00						
20e. Homeowner's association or condominium dues	20e. \$	0.00						
21. Other: Specify: <u>misc</u>	21. +\$	281.00						
22. Calculate your monthly expenses								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td>4,787.00</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td>4,787.00</td> </tr> </table> </div>		\$	4,787.00	\$		\$	4,787.00
\$			4,787.00					
\$								
\$	4,787.00							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
23. Calculate your monthly net income.								
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	9,145.00						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	4,787.00						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	4,358.00						
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain here:								